

Ignored Contextualized Epistemic Injustices in Encounters b/w Black Patients and Doctors by Barni Nuur

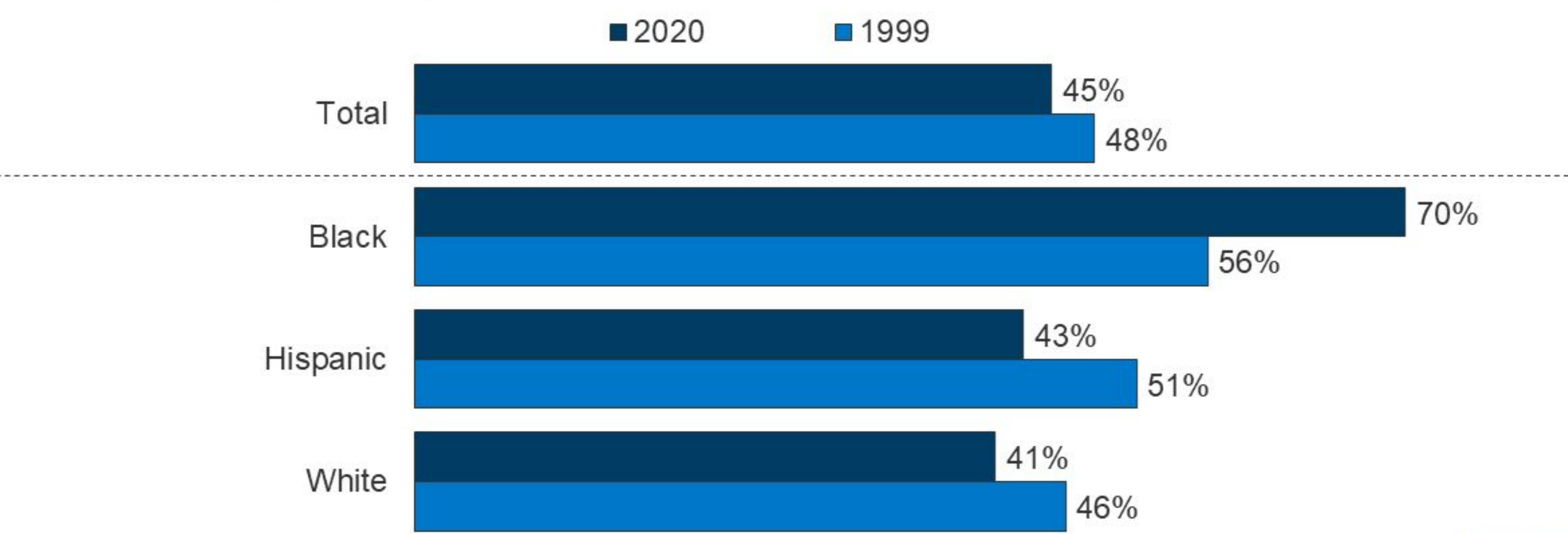
Thesis: Current research in philosophy argues that there is an epistemic dimension to injustice and has focused on both testimonial and hermeneutical injustice. Looking at the epistemic dimension of harm that patients experience (specifically Black and non Western immigrants), I argue that, while existing literature in epistemology can speak to the reasoning behind the harm taking place, these epistemological concepts largely ignore cultural and historical contexts that transcend these individual encounters, yet speak to issues that are being ignored when these patients experience harm.

Background Issue: Research has shown that black patients are treated less for their pain, seen with the lack of pain medications and diagnoses they receive for the same symptoms as white patients. Black women are 3.5 times more likely to die during pregnancy or after childbirth than white women in America, because their pain symptoms are seen as exaggerations, instead of serious conditions such as preeclampsia. Symptoms such as shortness of breath, are not taken as seriously with black mothers, which has led to permanent health implications or death. Black youth not being given pain medication after emergency procedures, or how black patients are 35-76% less likely to receive kidney donations

Figure 21

Share Of Black Adults Perceiving Racial Discrimination In Health Care Has Increased Since 1999

Percent who say, generally speaking, they think our health care system treats people unfairly based on their race or ethnic background **very often** or **somewhat often**:



SOURCE: KFF/The Undeclared Survey on Race and Health (conducted Aug. 20-Sept. 14, 2020); KFF Survey of Race, Ethnicity, and Medical Care: Public Perceptions and Experiences (conducted July 7-September 19, 1999). See topline for full question wording.

KFF

Philosophical Background: Epistemology is the philosophy of knowledge. Knowledge comes from many sources, such as through formal education or personal experiences. In the scope of medicine, most knowledge is focused around a formal medical education. The epistemic concepts I am discussing and dissecting are testimonial injustice & hermeneutical injustice. (Fricker 2003)

Testimonial injustice is a form of epistemic injustice that stems from a speaker receiving more and less credibility than they are due. Miranda Fricker discusses the contrasting concepts of “credibility deficit” and “credibility excess”, and highlights that certain identity traits lead to the amount of credibility one has, leading to the unfair treatment. Credibility deficits are unjust erasures of the believability of a speaker, while credibility excesses provide a speaker more credibility than they are due. (Fricker 2003)

Hermeneutical injustice is described as “involving a *lack of concepts*, on the part of the disadvantaged group, to capture some important aspect of their experience” (Romdenh-Romluc, p.2). This occurs when the marginalized group cannot verbalize their experiences, because there is a lack of meanings, and this is specifically because of the original marginalization their group faces.

Methodology: Methodology included both review of the existing refereed literature in philosophy and research on the relevant statistics. Aspects of my project were relevant in the media during the year due to COVID-19 and the black communities’ reluctance to take the vaccine, for ex., so I also used media sources, and personal/witnessed testimonies as a patient.

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Argument: I argue that though testimonial injustice and hermeneutical injustice do take into account many instances of injustice in the medical field, I believe they overlook a vital aspect of the patient interaction that accounts for ignored forms of epistemic injustice, that turns into unethical treatment. What I mean is, what is often ignored by epistemologists studying these interactions is the historical context and/or cultural context that patients operate in coming to receive treatment. This background being in the forefront of their mind often leads to fear, distrust, and discomfort towards their doctor before the interaction begins, not due to anything the doctor specifically said, but because of how they view medical practitioners for whatever reason. After beginning the interaction with this viewpoint, doctors often react to the marginalized patient with the mindset in a way that furthers epistemic injustice. This initial attitude patients come in with, which I will call the “contextual approach” is often based on their own past experiences, paired with institutionalized injustices that many in their community face. How the doctor reacts, however, is an individual case of epistemic injustice, whether testimonial and hermeneutical, because the doctor ignores the reasoning behind the patient’s reluctance, and this only perpetuates more injustice happening.

To break it down further, I will bring up a hypothetical situation between a doctor and patient, and will analyze it through both a testimonial injustice lens, and a hermeneutical injustice lens, and finally, will interpret it with an contextual approach in mind. In this encounter, we have John (a black patient), who is talking to his doctor about his upcoming opportunity to receive the COVID-19 vaccine. John immediately states that he doesn’t want to take the vaccine, saying that at least for now, he’s not completely sold on it and doesn’t feel comfortable taking it. In response, his doctor looks baffled, and states that while John has a choice not to, it is not a recommended one, and he will be putting others in danger. He tells John to try not to listen to naysayers and conspiracy theorists, and that he will be a part of the problem of those perpetuating COVID if he doesn’t take it. John, feeling uncomfortable and attacked, changes the subject, continuing receiving his intended treatment and leaves. He notes feeling a shift in treatment from his doctor after that discussion, and feels uncomfortable seeking him out for future potentially serious reasons.

Looking at this encounter from Miranda Fricker’s concept of testimonial injustice, it is hard to find a place in this story where there was either (1) an undue excess of credibility given to one party, or a (2) an undue credibility deficit given to the other party. Under her definition, the two simply discussed options, John was able to state his case, and his doctor gave his warranted medical opinion.

Moving on, it is also difficult to diagnose this interaction as a type of hermeneutical injustice, as Fricker defines it as either a (1) lack of concepts, where speaker lacks terms to explain their point, or (2) when a marginally situated knower (in this case the doctor) actively ignores and suppresses one from accurately describing his experience. Again, in this case, John stated he was unsure of the vaccine at this point, and his doctor thoughtfully told him to be wary of inaccurate sources, and simply told him the consequences of his actions.

At this point, this interaction, which may very well become common in our current context, has not shown signs of epistemic injustice, and by the definition of both of Fricker’s concepts, may be just. I would argue otherwise, and will use the contextual approach to understand this. John, who is African American, is unsure about taking the vaccine, not because of baseless conspiracy theories, but rather the sore subject of the history of Black Americans and forced vaccination, as well as vaccine testing. With the Tuskegee Syphilis experiments in the 1930s, though it is about 90 years away, victims of this are or would be grandparents or parents to many now, who may fear or distrust a newly and quickly made vaccine. Many media sources and medical professionals, including top White House doctor Dr. Fauci, have all spoken to the irresponsibility of reluctant black patients, questioned their intelligence etc. Ignoring the cultural context can not only allow for any chances for clarifications to go away, but also could lead to further mistrust, possible withholding of information from the patients, and possible malpractice from the doctor due to perceptual and subconscious forms of discrimination. I further argue that ignoring the context has led to continued fear in medical settings, as well as unconscious biases by medical professionals.

Possible Solutions: because the issues outlined are epistemic and internal, solutions need to focus on reforming the medical education experience to not only include more inclusive bedside manner training and understanding, but also provide historical contexts and lessons behind horrific experiences caused to communities by doctors, as well as understanding the generational trauma behind current medical practices and their roots. On top of this, the American medical experience is catered to the white patient, as seen through the harm that certain tools like the pulse oximitor causes to those of different skin tones. Medical schools, hospitals, and general medical practices need to shift the approach to be genuinely more inclusive, including highlighting a contextual method in their patient interactions, reframing the practice to truly be equal, and put marginalized voices in the forefront, providing their due credibility.

Citations:

Fricker, Miranda. “Testimonial Injustice.” *Epistemic Injustice*, Jan. 2007, pp. 9–29.
Romdenh-Romluc, Komarine. “Hermeneutical Injustice and the Problem of Authority” *Feminist Philosophy Quarterly*. vol. 3. Issue 3. (2017)